

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10672978 FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4		2				
5	1					
6		1				
7						
8						
9						
10						
11						
12		4				
13	1					
14						
15						
16						
17						
18		12				
19	1					
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	30					
TOTAL CLAIMS	34					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						